

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Philadelphia Island Creek Md		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jas. Bragby			Father's Birthplace	Philadelphia	
Mother's Maiden Name	Mary Lewis			Mother's Birthplace	Aurora	
Name of person giving Information	Dofus T. Lewis			How related to deceased	Uncle -	

CAUSES OF DEATH

27

How long

X

How long

Do not know

PHYSICIAN
OR CORONER

Primary

Lily
Tuberculosis.

Immediate

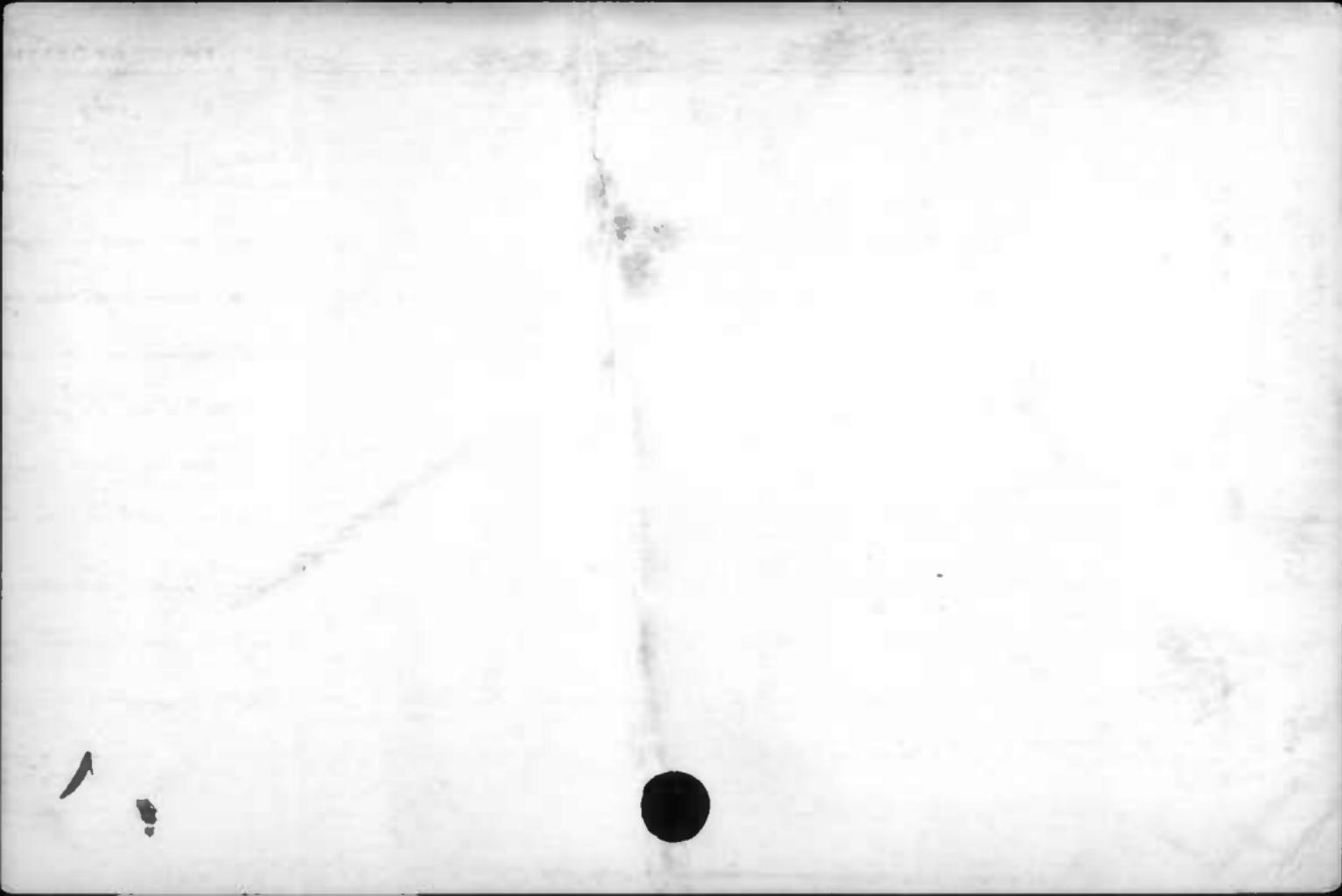
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

R. Brooker Sut
Muhammed Rajhi
Non



Name
in
Full

Joseph Boots

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Monthe

Days

1907 July

30

Age 29

-

-

Sex

Male

Color or
Race

Black

Birth-
place

Calvert Co

Occupation

Laborer

Where Residing if not
at place of death

Married Single
or Widowed

Name of Wife or
Husband

Maggie Boots

Father's
Name

George Boots

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Maggie Commodore

Mother's
Birthplace

Name of person giving
Information

Jerry Boots

How related
to deceased

" Uncle

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

X

How long

6 mos

Immediata

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

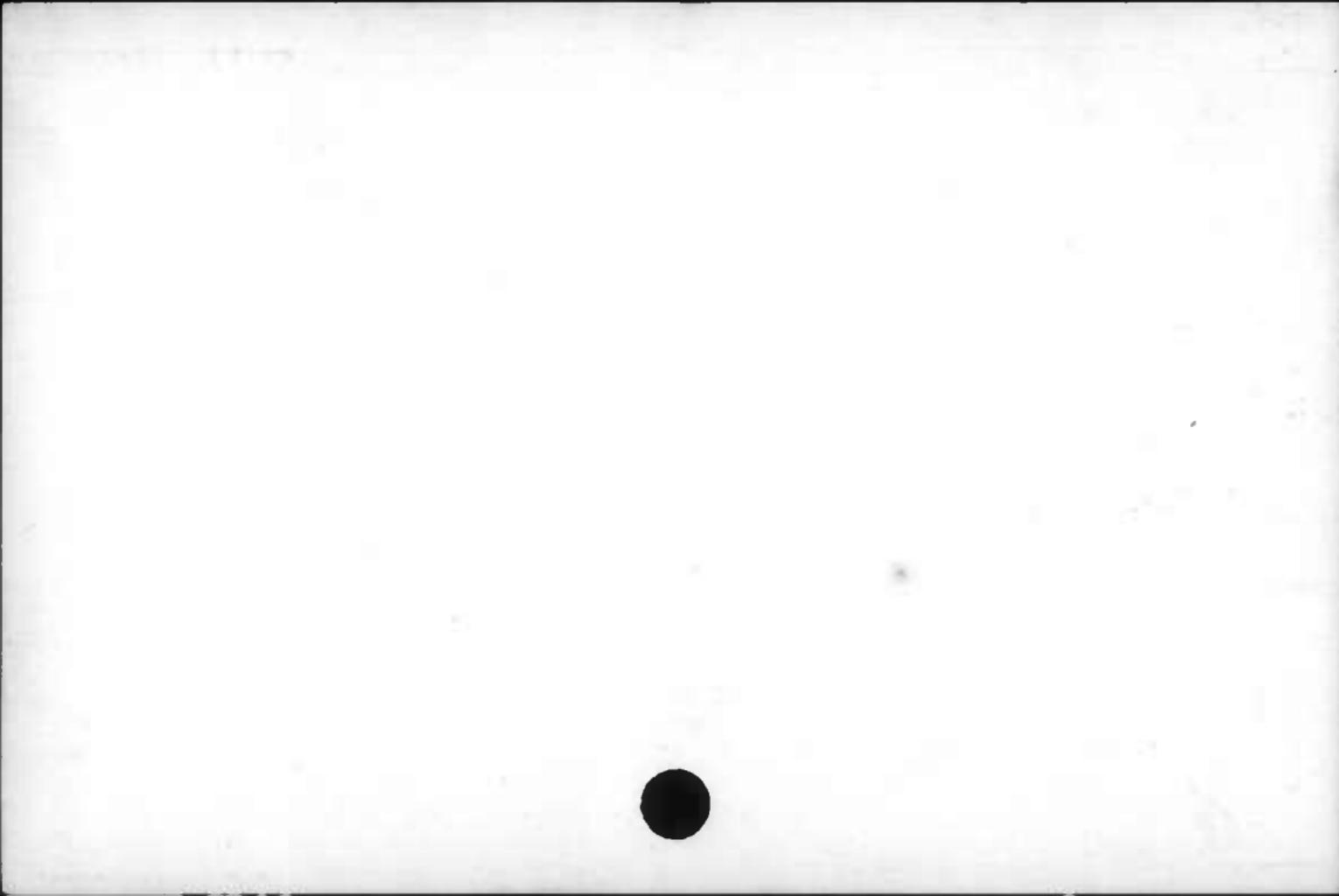
Address

J. H. King

Bristow Md

8

Accident or Suicide



Name
in
Full

Mary Ellen Bradburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Calvert	County	
Date of death	Month	Day	Age	Years
1909	July	19	About	81
Sex	Color or Race	White	Birth place	MARYLAND
Female			St. Mary's Co. Md	Days
Occupation	Where Residing if not at place of death			
Housewife				
Married, Single or Widowed	Name of Wife or Husband	William F. Bradburn		
Married				
Father's Name	Unknown			
Bennett Springfield				
Mother's Maiden Name	Unknown			
Name of person giving Information	How related to deceased			
Wm F. Bradburn	Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paresis

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Elo F Chambers M.D.

Address

Lusby Calvert Co. Md

8

Accident or Suicide

67

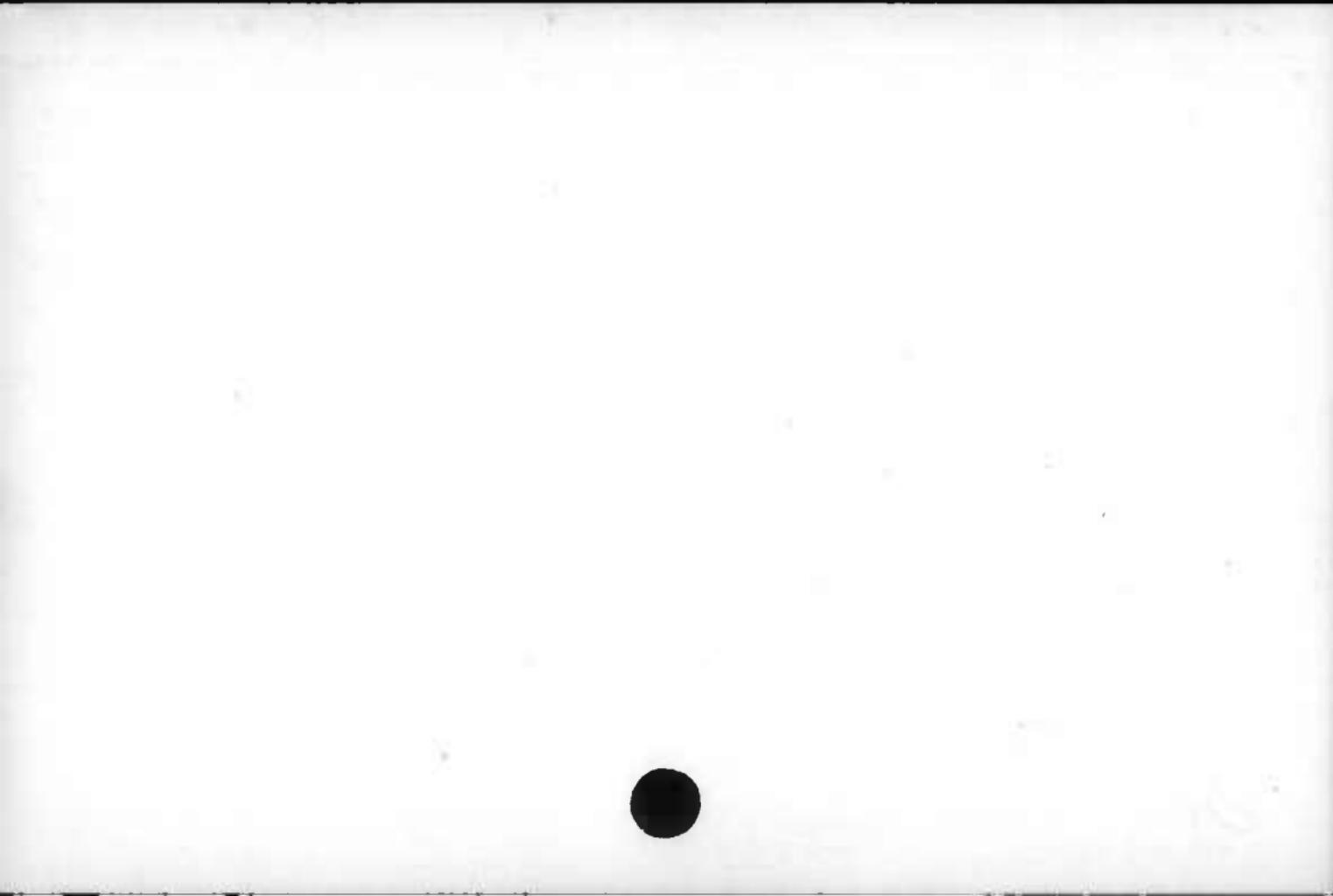
X

How long

Nearly 3 years

How long

4 days



Name
in
Full

William J. Borden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sax	Male	Color or Race	Age about 81	-	-
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Annie Hooper		
Father's Name	Jacob Borden		Father's Birthplace	Calvert Co Md	
Mother's Maiden Name	Elizabeth Gardner		Mother's Birthplace	Unknown	
Name of person giving information	Annie Borden		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Debility

Immediats

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

154

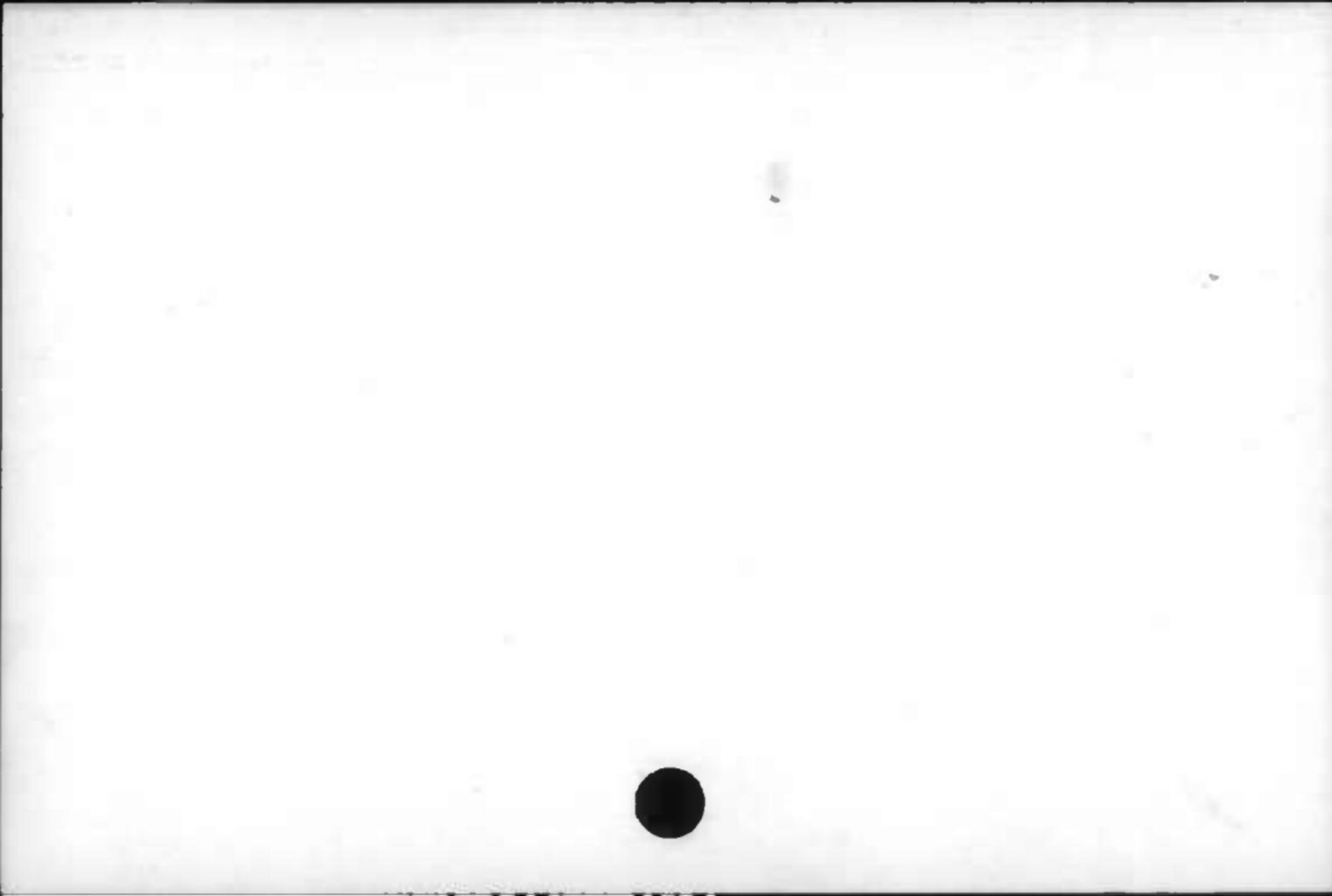
How long

about 6 mos

How long

Gos F Chambers MD
Lusby Calvert Co Md

Accident or Suicide



Name
in
Full

Hannah Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days	
1909	July	10	31	—	10	
Sex	Female	Color or Race	African	Birth-place	Calvert Co.	
Occupation	Housewife	Where Residing if not at place of death	—			
Married, Single or Widowed	Married	Name of Wife or Husband	Wesley Curtis			
Father's Name	Benjamin H. Keek		Father's Birthplace	Calvert Co.		
Mother's Maiden Name	Rachel A. Ennis		Mother's Birthplace	n.		
Name of person giving Information	Daniel W. Keek		How related to deceased	Brother		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

La-Grippe

10

X

6 months

Immediate

General Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

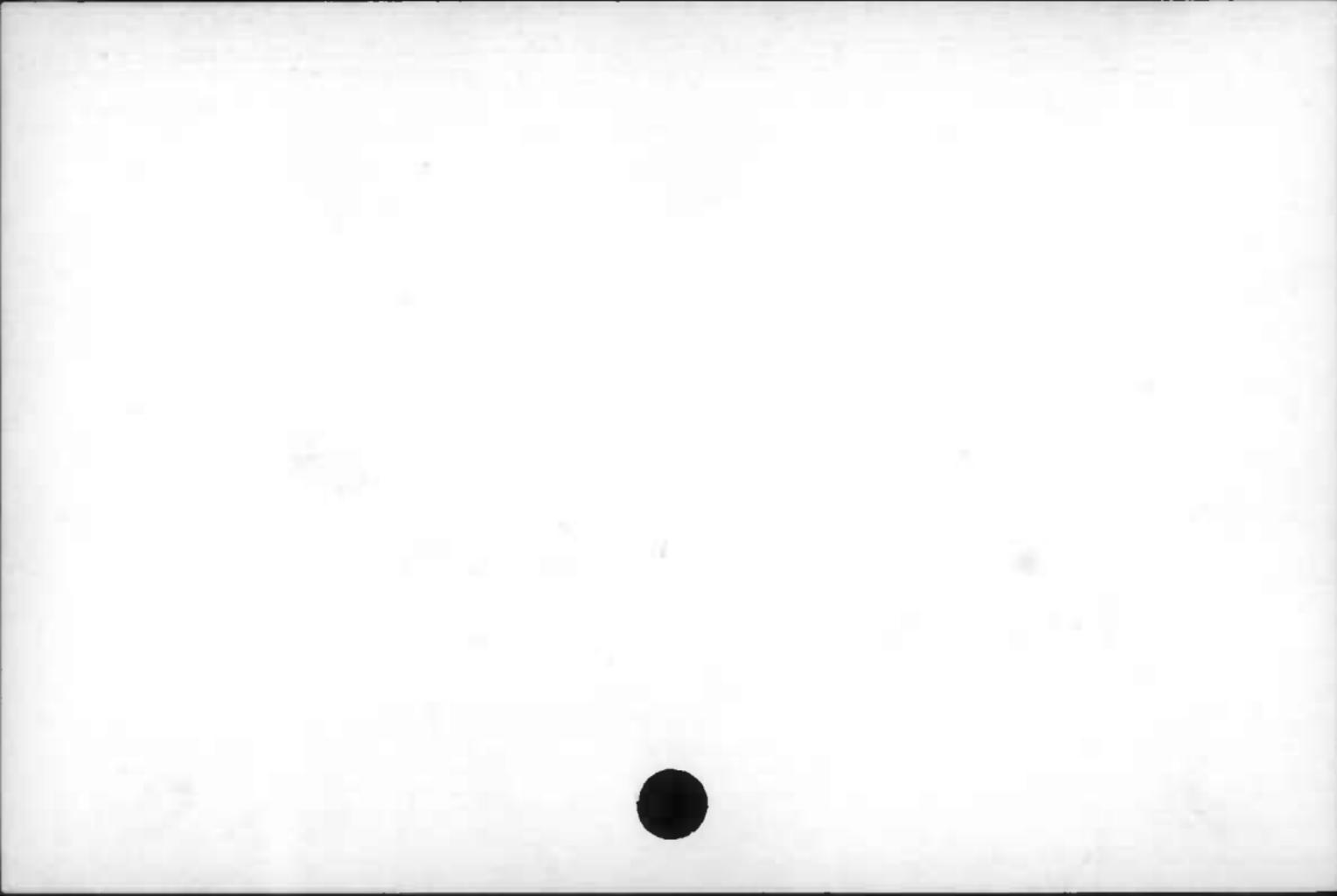
Signature of Physician

E.N. Hinman

Address

Co. Marlboro, Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND



Hazel V. Decker

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Days
Sex	Female	Color or Race	Age	Birth-place	Death-place
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Decker				
Mother's Maiden Name	Sophie Edmund				
Name of person giving Information	Mrs. Decker				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

151

How long

X

Immediate

Inflammation

How long

Are the name, age, sex, color, date and place correctly given above?

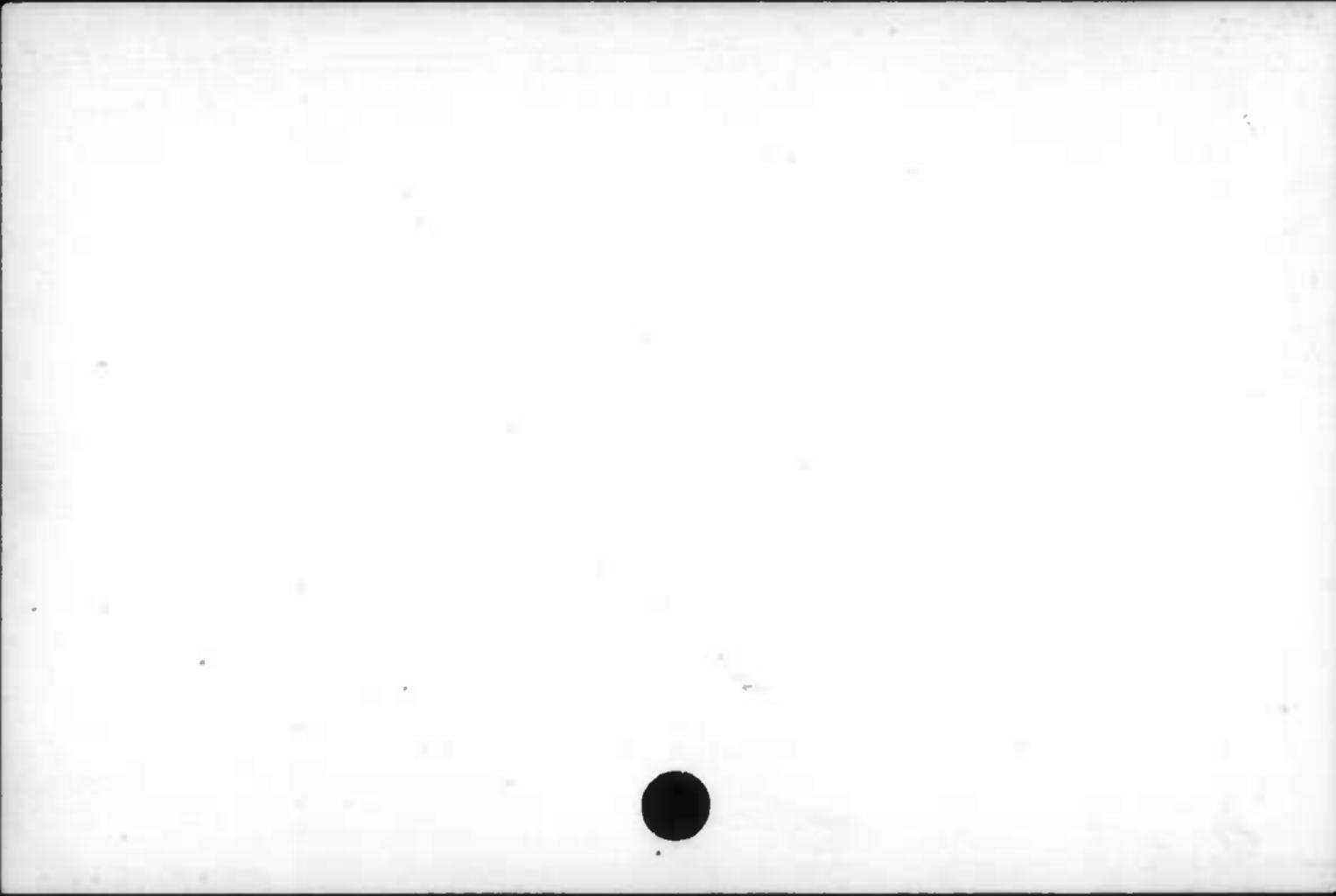
Signature of Physician

Address

A. Bresciani
Medical M.R.

J

Accident or Suicide



Name
in
Full

Hattie Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	July	18	37		
Sex	Color or Race	white	Birth-place Calvert		
Occupation	Where Residing if not at place of death				
Housewife	Benson Hardesty				
Married, Single or Widowed	Name of Wife or Husband	Francis Stevens			
Father's Name	Calvert Co				
Mother's Maiden Name	Rebecca Hood				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Puerperal Eclampsia

138

X

Immediate

Convulsions

How long

6 hr

5 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. King
Baltimore Md.

J

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 1909	Month	Day	Age	Years	Months
Sex Male	Color or Race	Color	Place	Birth-place	Days
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband	Eliz. Smith	Father's Birthplace	Radnor	
Father's Name Beig Irish	Mother's Birthplace				
Mother's Maiden Name Anna May	Culver				
Name of person giving Information Jerry Stone	How related to deceased				

CAUSES OF DEATH

64

Primary

Aphbyz

How long

7

or hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

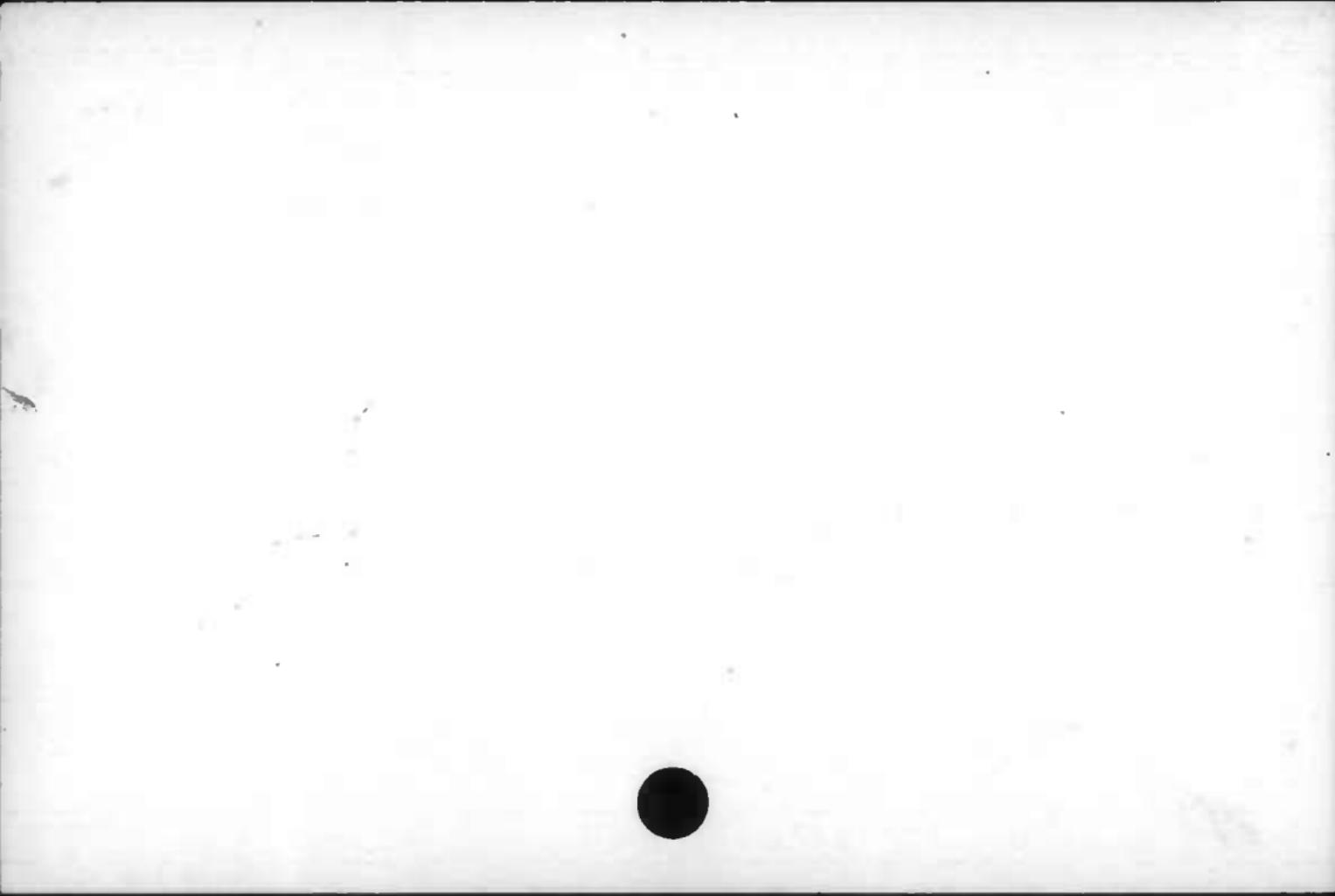
Signature of Physician

Accident or Suicide

Address

Benson Loece Rynd,
Marine Vet

PHYSICIAN
OR CORONER



Name
in
Full

Louis H Marburger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1909	Month July	Day 21	Years —	
Sex Male	Color or Race White	Months 2	Days 3	
Occupation Woman	Where Residing if not at place of death	Calvert Co Md		
Married, Single or Widowad Single	Name of Wife or Husband —	Father's Birthplace	Baltimore City	
Father's Name John H Marburger	Mother's Birthplace Calvert Co Md	Mother's Maiden Name Marie T. Dixon	How related to deceased	Father
Name of person giving Information John H Marburger	How long 10 days.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Endo-Carditis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

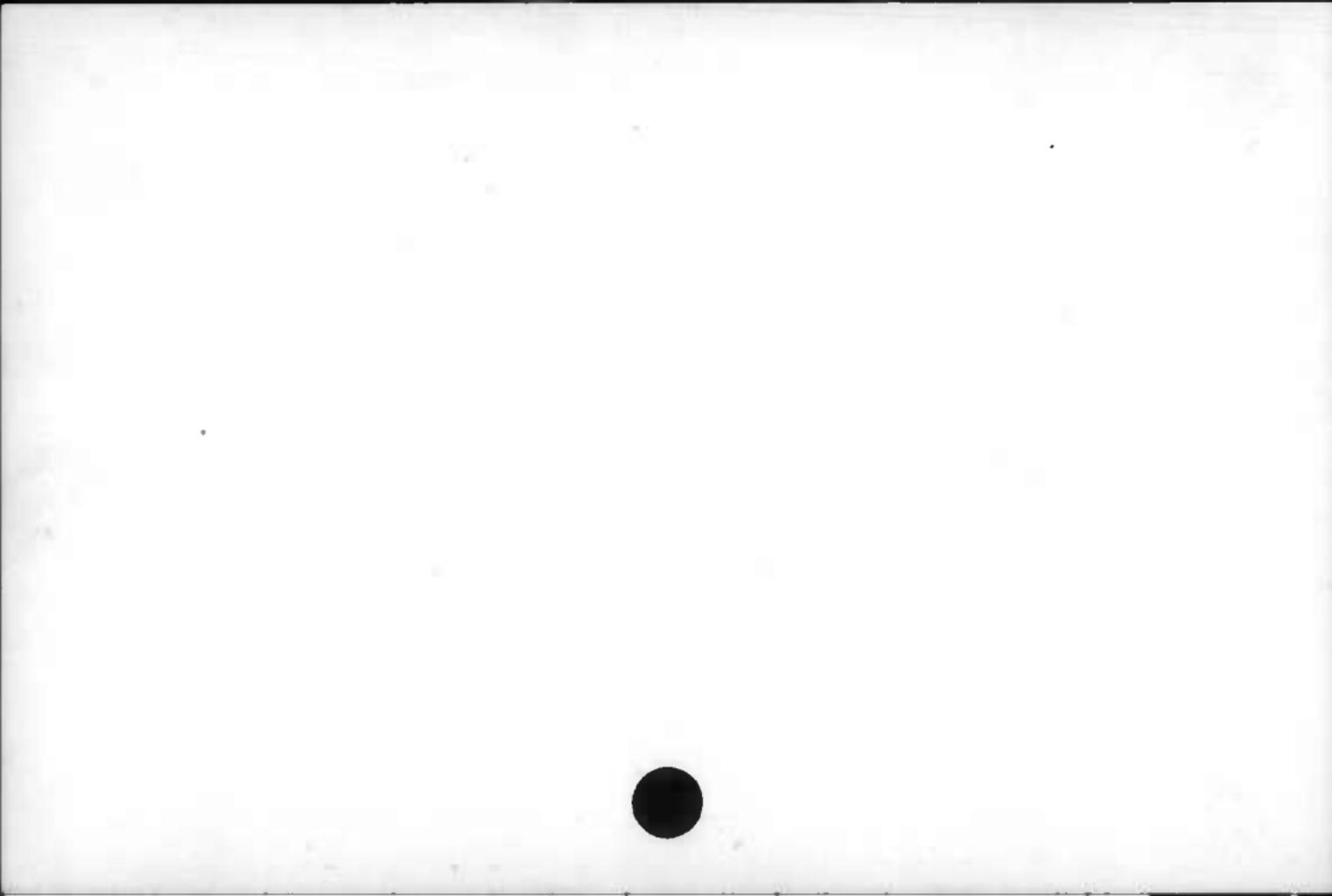
J. F. Chambers MD

Address

Lusby Calvert Co Md

8

Incident or Suicide



Name
in
Full

Dennis Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Solomons		County Calvert		MARYLAND	
Date of death 1909	Month July	Day 16	Age 78	Months 1	Days 22
Sex male	Color or Race white	Birth-place Baltimore C and			
Occupation worm	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary Elizabeth Harrison				
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name Unknown	Mother's Birthplace Unknown				
Name of person giving information James O Miller	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

(66)

x

How long

several yrs.

Immediate

Paralysis

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

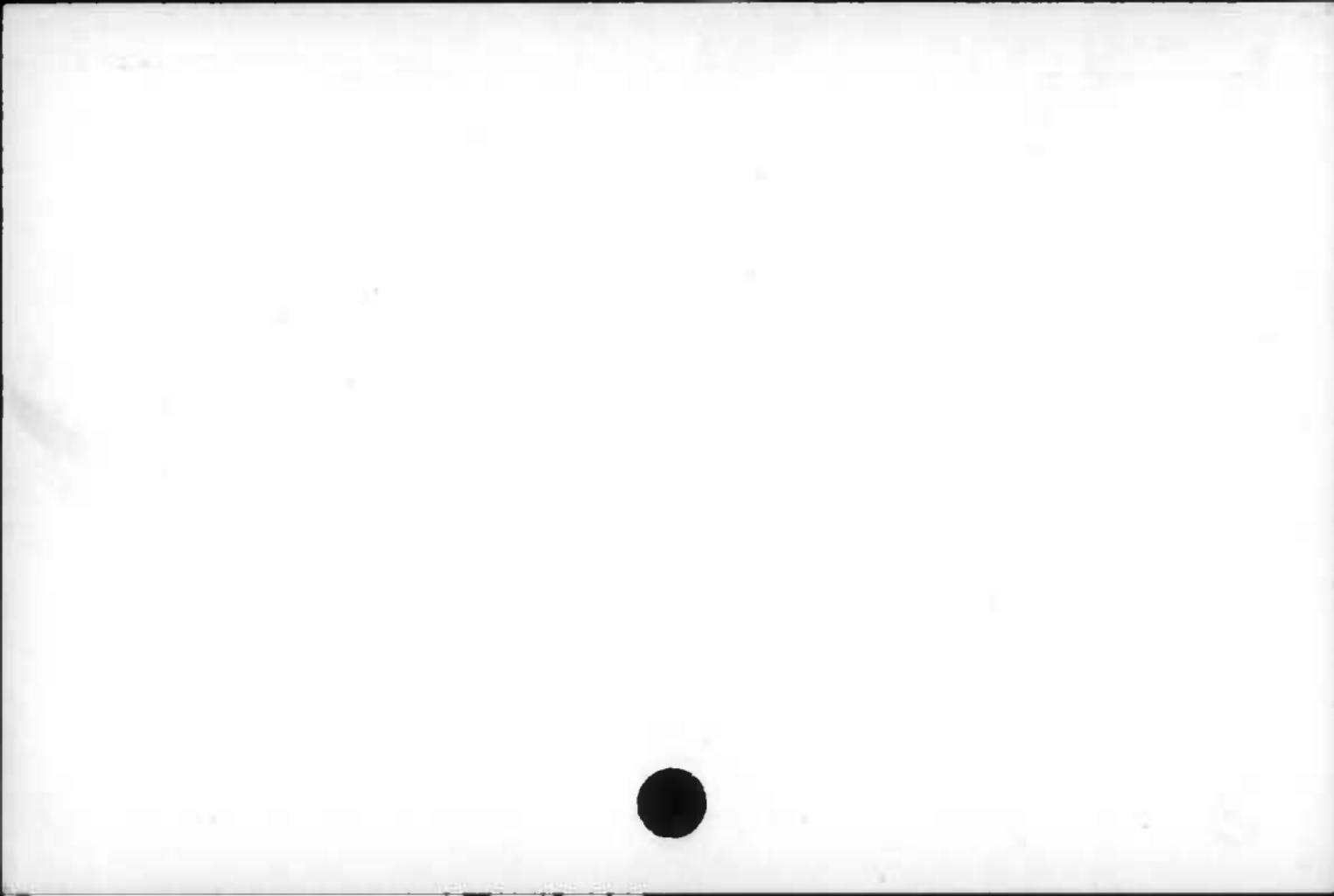
Signature of Physician

G. F. Chambers MD

Address

Lusby Calvert C and

Accident or Suicide



Name
in
Full

Orinthia Matteline Pardon
Town Calvert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cove Pt County Calvert
Date of death 1909 Month July Day 5 Years — Months 9 Days 3
Sex Female Color or Race White Birth place Calvert Co Md
Occupation Nurse Where Residing if not at place of death
Married, Single Single Name of Wife or Husband None
Father's Name Edward S Pardon Father's Birthplace Calvert Co Md
Mother's Maiden Name Daisy Goff Mother's Birthplace Calvert Co Md
Name of person giving Information Edward S Pardon How related to deceased Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Diarrhea

105

How long 36 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

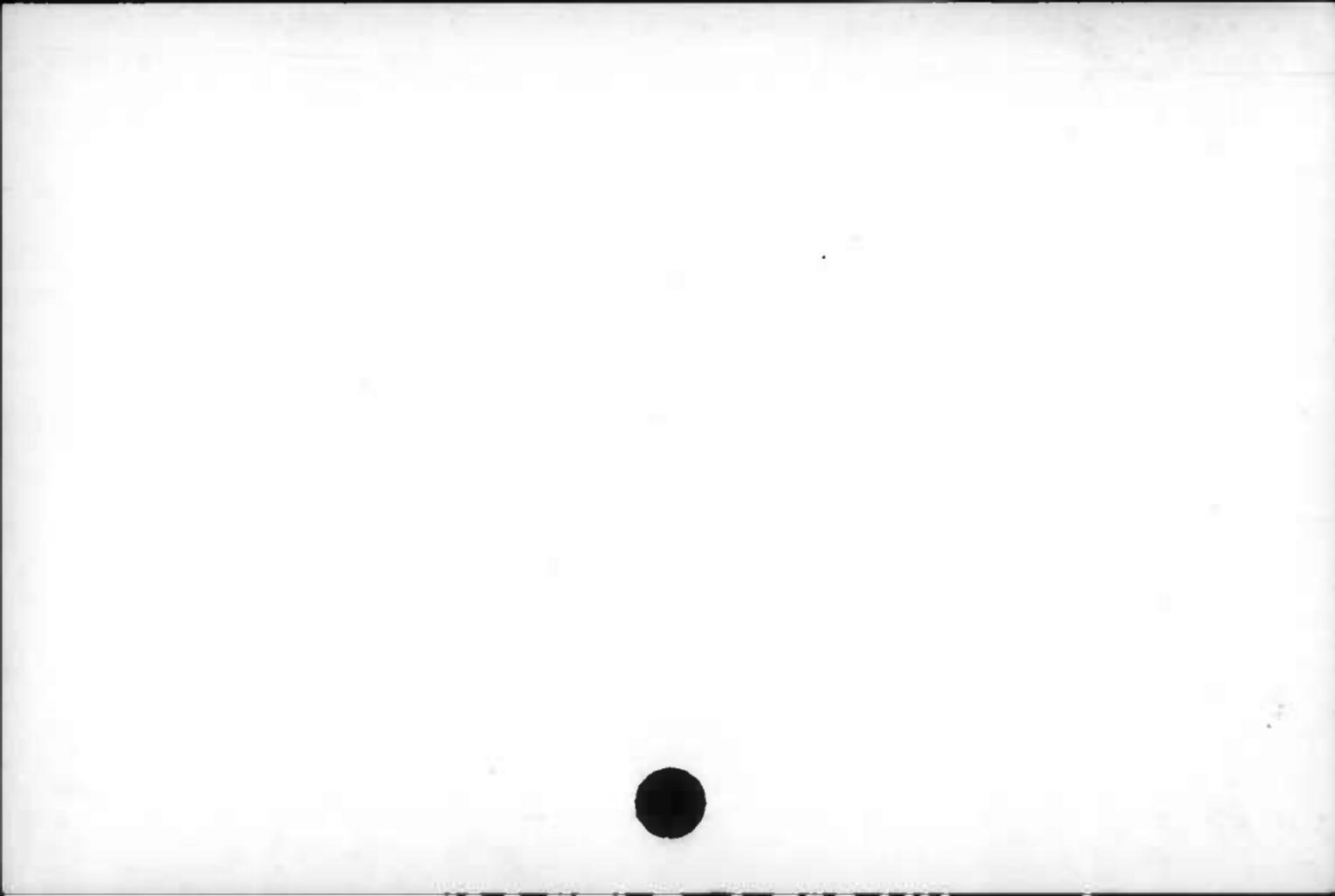
Signature of Physician

Address

Gro F Chambers
Sub-registrar

Lusby Calvert Co Md

Resident or Suicide



Name
in
Full

Nannie Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sunderland Calvert MARYLAND
Town County Months Deys
Date Month Day Years Months Deys
of death 1909 July 4 Age 15 3
Sex Female Color or Birth-
Race Black place Cal. leo.
Occupation House mind Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph Reed

Father's
Birthplace

Cal. leo.

Mother's
Maiden Name

Frances Gray

Mother's
Birthplace

" "

Name of person giving
Information

Jos Reed

How related
to deceased

Father

Primary

Pulmonary Tuberculosis

27

X

Immediate

Exhaustion

10 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

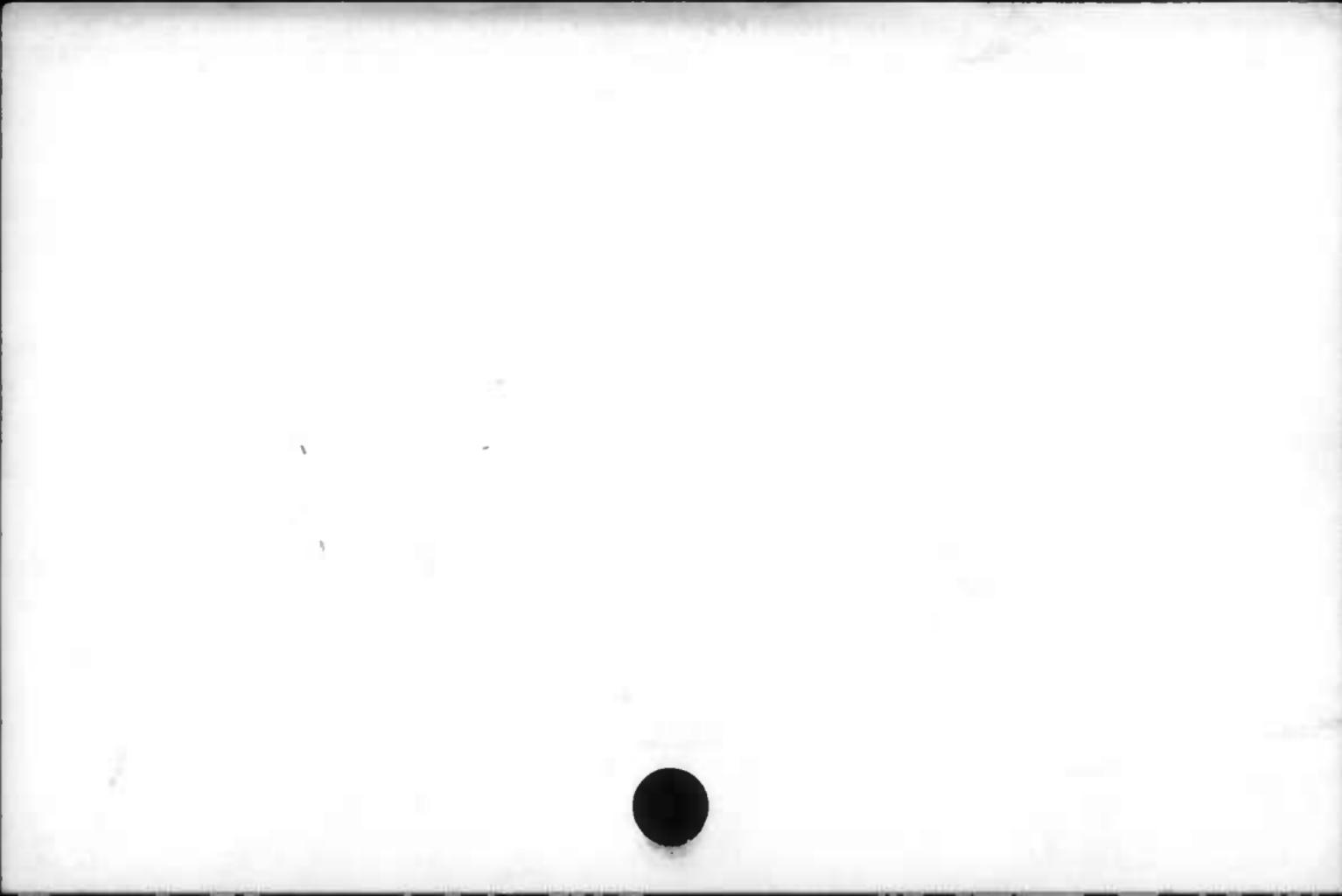
Address

J.W. Leitch
Huntingtown
Md

PHYSICIAN
OR CORONER



Accident or Suicide



Name
in
Full

Rebecca Scivener

CERTIFICATE OF DEATH

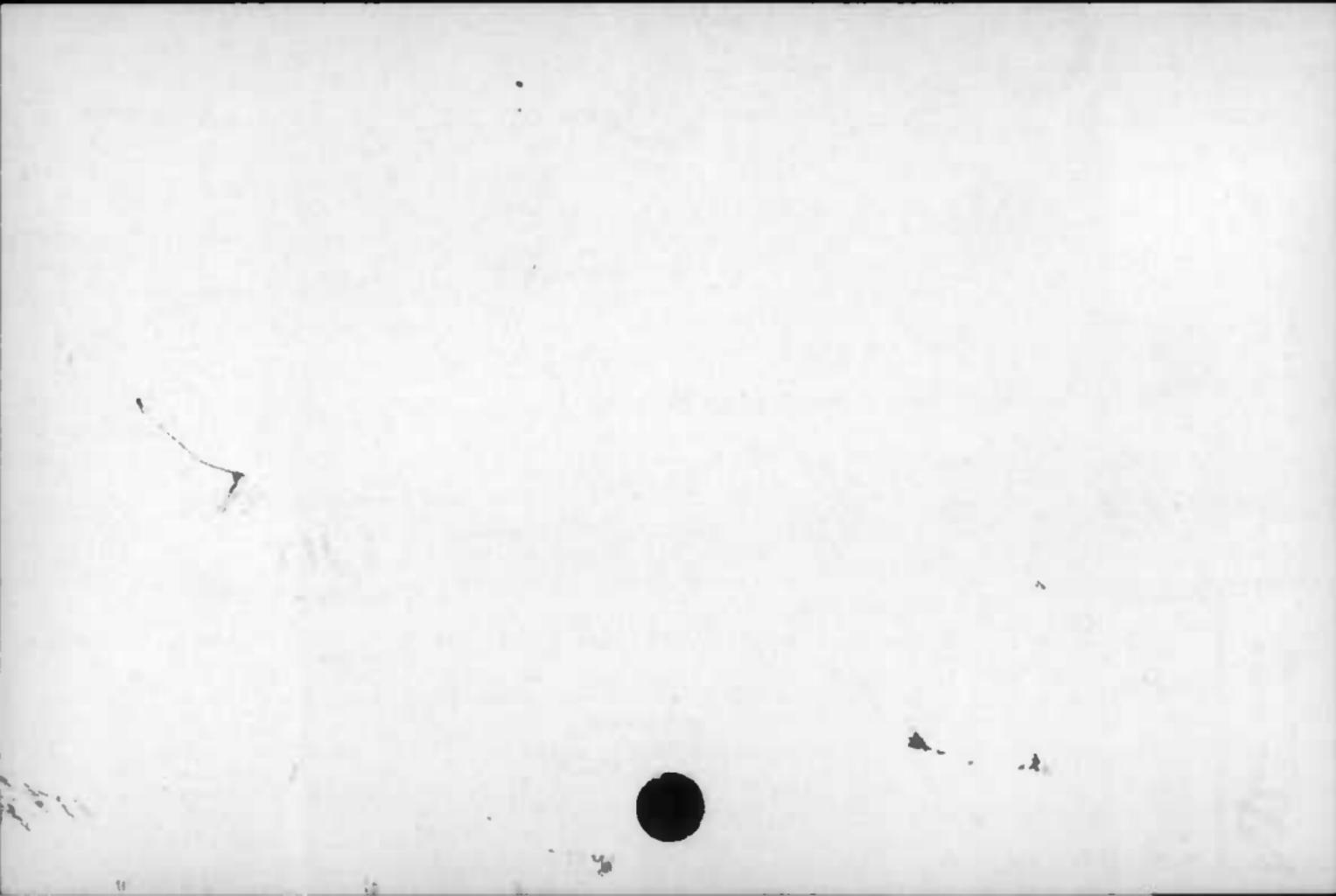
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	70	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Francis Scivener				
Father's Name	Unknown					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	D. J. H. King
	Address	Baistow Md.
Accident or Suicide?		



Name
in
Full

Philip Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Lo. Marlboro,	Calvert			MARYLAND	
Date of death 1909	Month July	Day 27	Years 50	Months —	Days —
Sex Male	Color or Race African	Birth-place Calvert 60			
Occupation Mail-Carrier	Where Residing if not et place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Barney Skinner				Father's Birthplace Calvert 60	
Mother's Maiden Name Eliza Johnson				Mother's Birthplace " "	
Name of person giving information Wm A. Smith				How related to deceased Nephew	

Thrown from vehicle and struck on his head.

CAUSES OF DEATH

166 T

PHYSICIAN
OR CORONER

Primary Traumatism	How long
Immediate Contusion of Brain	How long 3 days

Are the name, age, sex, color, date
and place correctly given above ?

Yes

Signature of Physician

E H Hansen

Address

Lo. Marlboro,
Md

J

Accident or Suicide

Accident

2



Name
in
Full

William D. Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month July	Day 25	Years 58	Months	Days
Sex	Male	Color or Race	White	Birth-place	Calvert Co.	
Occupation	Merchant			Where Residing if not at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband	Father's Birthplace	Calvert Co.,
Father's Name	Lewis Skinner			Mother's Birthplace	Charles County,	
Mother's Maiden Name	Sarah Lancaster			How related to deceased	Mother-in-law	
Name of person giving Information	C. C. Bird					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralyoid

66 X

How long

2 years

Immediate

Exhaustion

30 days

Are the name, age, sex, color, date and place correctly given above?

Yes

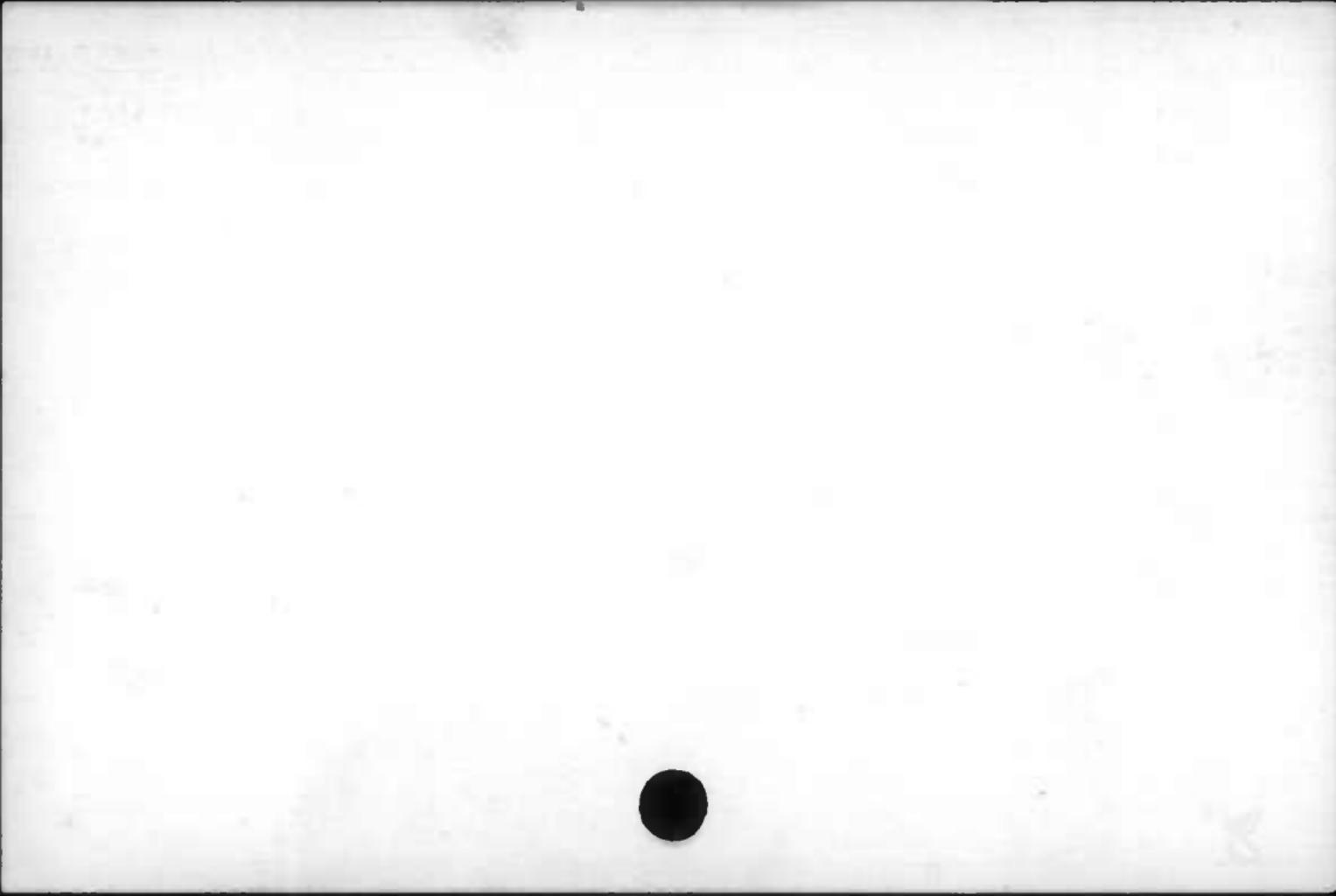
Signature of Physician

Address

S. Estep Paddy
Parran Md.

8

Accident or Suicide



Name
in
Full

John Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Black	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Md				
Mother's Maiden Name	Md				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Regurgitation*

79

X
8 mos

Immediate *General debility*

How long

Are the name, age, sex, color, date and place correctly given above?

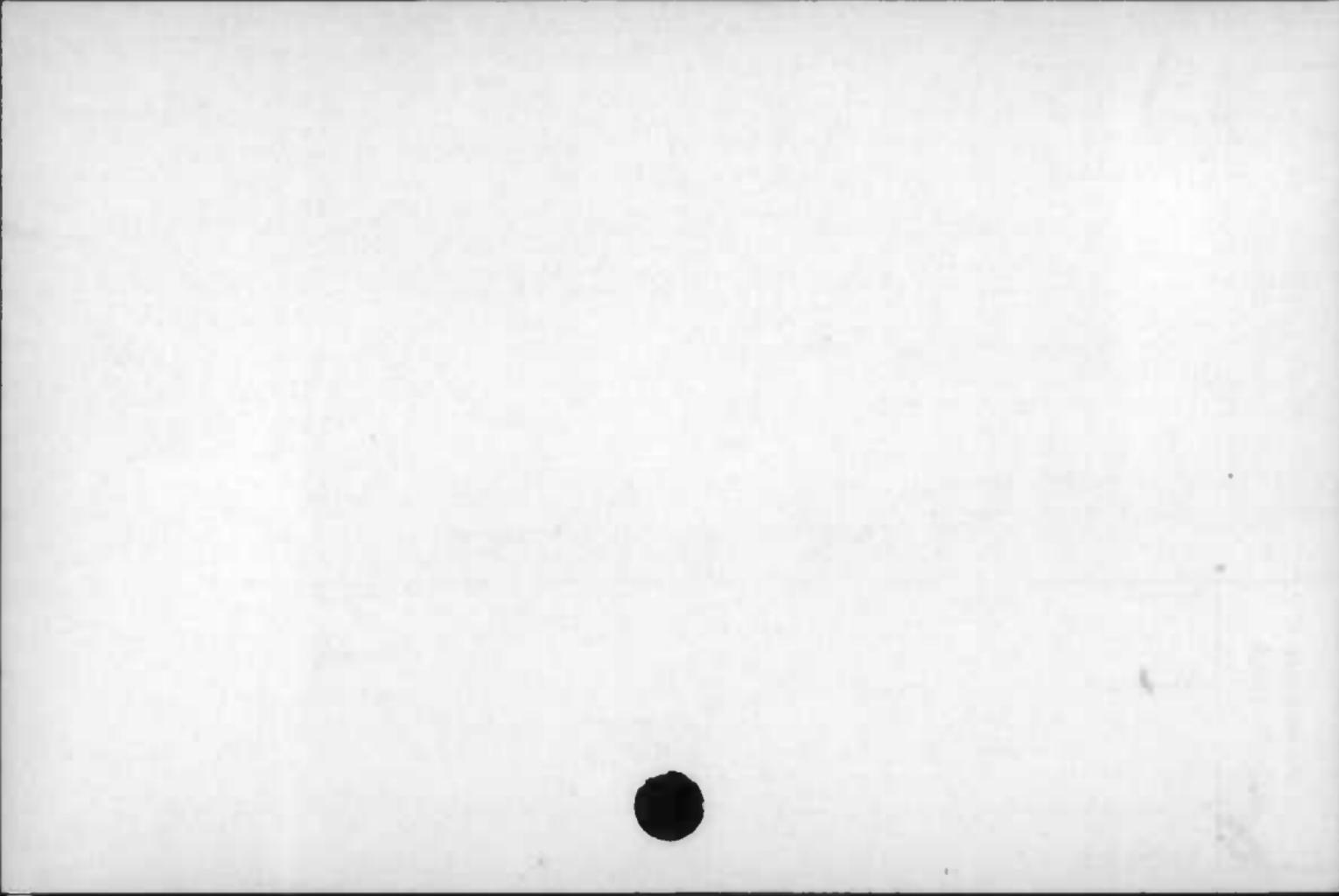
Signature of Physician

Address

D. L. H. King
Bartow Md



Accident or Suicide?



Name
in
Full

Fulton Wattins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Lyons Creek

Town

Date of death 1909 Month July Day 2

County

Calvert County

MARYLAND

Years

Months

Days

Age

Sex Male

Color or
Race

Colored

Birth-
place

Calvert Co.

Occupation

Where Residing if not
at place of death

Calvert Co.
Lyons Creek

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Chas Wattins

Father's
Birthplace

Calvert Co.

Mother's
Maiden Name

Louise Wattins Sanders

Mother's
Birthplace

Calvert Co.

Name of person giving
Information

Chas Wattins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Drowning

172

X

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John A Ward Coroner
Int Harmony Md

PHYSICIAN
OR CORONER

J

Accident or Suicide



Name
in
Full

Rosie Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Lyons Creek County Calvert County MARYLAND
Town Month Day Years Months Days
Date of death 1909 July 2 Age 9

Sex Female

Color or Race

Colored

Birth-place

Calvert Co

Occupation

Where Residing if not
at place of death

Lyons Creek

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Calvert Co
Lyons Creek

Mother's
Maiden Name

Mary Watkins

Mother's
Birthplace

Calvert Co
Lyons Creek

Name of person giving
Information

Chas Watkins

How related
to deceased

Lester Father

CAUSES OF DEATH

Primary

Drowning

172

How long

X

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Office of Ward Coroners
Mt Harmony Md

PHYSICIAN
OR CORONER



Accident or Suicide

